

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 2 1949

No. 300

10.48

BIRTH NO.		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Prairie Township</u>		c. LENGTH OF STAY (in this place) <u>2 mo. 5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Emergency Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>515 Blue Ridge Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u>		b. (Middle) <u>M</u>		c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>		8. DATE OF BIRTH <u>1895</u> <u>January 10, 1892</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Friend, Nebr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>Frank Higgenbotham</u>		13b. MOTHER'S MAIDEN NAME <u>Alice McMullen</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jackson County Hospital records</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal bronchopneumonia</u> ANTECEDENT CAUSES <u>neurological lesion</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>neurological lesion</u> DUE TO (c) <u>(type undetermined)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>2 months</u>	
19a. DATE OF OPERATION <u>11/30/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>440f</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>2-4-49</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11/30/48</u> , 19 <u>48</u> , to <u>2/4/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-2-49</u> , and that death occurred at <u>2:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank E. Trehan</u>		23b. ADDRESS (Degree or title) <u>M.D. Independence, Mo.</u>		23c. DATE SIGNED <u>2-4-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>2/4/49</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Friend, Nebr.</u>	
DATE REC'D BY LOCAL REG. <u>2-4-49</u>		REGISTRAR'S SIGNATURE <u>Donald C. Emswiler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob Carson</u>		ADDRESS <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1949

MAR 3 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 5261

State of Missouri }
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 3rd day of March, 1949, 194____, before me appears Floyd C. Carson ^{Manager} for The George C. Carson Funeral Home, who, upon his oath, states that the original record of ~~xxxx~~ death for Mrs. Grace M. Thomas ^{died} Feb. 4, 1949, 19____, in the State of Missouri, and which was filed at Lees Summit, Mo. on _____, 19____, should be corrected as follows:

Item No. 8 should read Jan. 10, 1895

Instead of Jan. 10, 1892

Item No. 9 should read 54

Instead of 57

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Floyd C. Carson Funeral Director
Relationship.

101 N. Pleasant

Independence, Mo.

Present Address.

Subscribed and sworn to before me this 3rd day of March, 1949, 194____.

My Commission expires Jan. 1, 1951

Vernon W. George Notary Public.

